## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** DOCUMENT # 573857 Apr 20, 2000 8:00 am Secretary of State 1. Entity Name S.W. COWBOY, INC. 04-20-2000 90101 025 \*\*\*150.00 Mailing Address Principal Place of Business 299 DONDANVILLE RD. 299 DONDANVILLE RD. ST. AUGUSTINE FL 32084-6403 ST. AUGUSTINE FL 32084 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1827386 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LAWLOR, PETER Street Address (P.O. Box Number is Not Acceptable) 11 OAK AVE V.B. ST. AUGUSTINE FL 32084 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Change ☐ Defete TITLE TITLE WHITE, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 11 OAK AVE. V.B. CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE FL ☐ Change ☐ Addition TITLE ☐ Delete WHITE, TERRY NAME NAME STREET ADDRESS STREET ADDRESS 11 OAK AVE. V.B. CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE FL ☐ Addition ☐ Change \_ ☐ Delete TITLE WEGNER, JUDITH NAME: NAME STREET ADDRESS 11 A OAK AVE V.B. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE Wierda, John (ASST) NAME NAME STREET ADDRESS 13A OAK AVE. V.B. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ST. AUGUSTINE FL Change ☐ Addition TITLE $P_{ki}$ : $c^i$ ☐ Delete TITLE SINGLETON, SCOTT NAME NAME STREET ADDRESS STREET ADDRESS 11 A OAK AVE V.B. CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE FL TITLE Change ☐ Addition ☐ Delete TITLE DROUILLARD, SHELLY NAME STREET ADDRESS STREET ADDRESS 11A OAK AVE. V.B. CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE FL 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to decute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all the like empowered.